

Individual Assistive Technology Plan

Student Name: _____ School: _____

Date of AT Report: _____ Device Recommendation: _____

Steps to Obtaining Device - to be completed by the school

Hold IEP meeting (within 20 school days of receipt of report) and review recommendations in attached report. Amend IEP to include AT. Indicate AT use on screen 10.	Date:
Assign responsible party at school to monitor process	Name: Title:
Send IEP team notes, indicating agreement with the recommendations, and this form signed by the principal to AT Team, Tampa Avenue	Date sent:

Device Implementation - to be completed by AT Team when the device arrives

Device delivered to school with Prop 4 assigning it to school	Date: _____ By: _____
Extended warranty purchased	Yes No Date expires: _____
Placed on school inventory	Yes No NA
Print resources provided	<input type="checkbox"/> AT Troubleshooting/Repair Procedures <input type="checkbox"/> AT Action Plan
Training scheduled	Date: _____

- The device moves with the student across classrooms/schools as long as they are a student in Orange County. Sending school should provide information/support to receiving school.
- Record tracking and other significant data on front of AT folder
- If the device is not working properly, refer to AT Troubleshooting/Repair Procedures
- Device use should be reviewed annually (at the minimum) or as needs change
- If the device is no longer needed by the student, contact the Assistive Technology Team.

Principal's signature _____ Date: _____